

Michigan Department of Community Health

**2003 CMHSP Physician Injectable Drug Coverage for  
Beneficiaries Enrolled in Medicaid Health Plans**

CMHSP physicians can only bill the Program directly for the following injectable drugs when administered through the CMHSP clinic to beneficiaries enrolled in Medicaid Health Plans.

Procedure Code	Description	Fee Screen
J0170	Injection, adrenalin, epinephrine, up to 1 ml ampule	\$2.38
J0515	Injection, benzotropine mesylate, per 1 mg	\$3.90
J1200	Injection, diphenhydramine HCL, up to 50 mg	\$1.61
J1630	Injection, haloperidol, up to 5 mg	\$7.13
J1631	Injection, haloperidol decanoate, per 50 mg	\$24.94
J2060	Injection, lorazepam, 2 mg	\$3.14
J2680	Injection, fluphenazine decanoate, up to 25 mg	\$13.89

For injectable drugs administered through the CMHSP clinic to beneficiaries enrolled under fee-for-service Medicaid, refer to the practitioner database for covered drugs and fee screens.

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